
**CITY OF BRIDGEPORT FAMILY STAGES
EXPANSION OF RESIDENTIAL TREATMENT FOR
HOMELESS PREGNANT AND POSTPARTUM WOMEN
BRIDGEPORT, CONNECTICUT
TI12476**

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PROJECT DESCRIPTION

Cluster Group Affiliation— Women

Congressional Districts Served—Connecticut 4th

Purpose, Goals and Objectives—The purpose is to expand Bridgeport's substance abuse treatment capacity for homeless and AOD-abusing PPW. By providing treatment and services that meet the gender-specific needs of homeless and AOD-abusing PPW, it will increase the access and availability of AOD services to approximately 50 hard-to-reach participants per year. The goals are to enable homeless and AOD-abusing PPW to move in from streets, shelters and abusive homes to safe, alcohol and drug-free permanent housing. To provide each participant with case management services, and an individual treatment plan that will enable clients to decrease AOD usage and reduce or manage symptoms of mental illness that may impair functioning. Other goals include: improve the ability of participants to; independently manage a household, maintain a stable home environment. The objectives are: provide a comprehensive assessment of clients that includes the following; physical and mental health history, psychosocial status, psychiatric evaluation, AOD, support systems, nutrient, legal issues, need for services such as welfare benefits, safe housing, vocational training and education.

Target Population/Geographic Service Area—The target population consists of homeless or precariously housed female substance abusers who are pregnant or postpartum women (PPW), who have AOD problems, and who may have a mental disorder. The target population resides in Bridgeport inner city, which is located in southwestern Connecticut and is approximately 50 miles from New York.

Theoretical Model— No theoretical model was cited.

Service Providers—City-funded and nonprofit agencies and collaboration with various city treatment centers: City of Bridgeport Department of Health is the public health authority for the city. Catholic Charities is the largest private social service agency in Fairfield County. They will provide The Family Stages Service Center (FSSC) Project Manager and four case managers co-located at FSSC. Southwest Connecticut Mental Health System is the largest provider of mental health services in the City. They will co-locate therapist at FSSC to provide assessment, treatment, medication interventions and co-therapy with LMG and CASA substance abuse staff. LMG is the largest provider of substance abuse services in Fairfield County. They provided inpatient and outpatient services. They will co-locate staff at FSSC and provide substance abuse services on a daily basis. CASA is a minority controlled, full-service substance abuse treatment provider. The Center for Women and Families provides counseling to victims of domestic violence and sexual abuse. Their multi-ethnic staff provides bi-lingual culturally competent services. Hall Neighborhood House has been providing social services in Bridgeport for over 100 years, including Head Start services for more than 900 children. Bethel Recovery is a faith-based provider of community based housing and will provide 8 housing units. Re-Focus Outreach Ministries is a minority controlled based housing provider of community-based housing and will provide 8 housing units.

Services Provided— Clients will receive residential treatment with centralized intensive case management services co-located with substance abuse services, mental health services, primary health care and domestic violence/sexual abuse counseling, day care, vocational services, and transportation. Program services will include assessment, same day intake, mental health assessment and substance abuse assessment, pharmacotherapeutic intervention, documenting findings and treatment, preventive and primary health care, testing for infectious diseases, weekly random drug testing, group counseling interventions to

address the unique emotional, physical and social problems of people with HIV/AIDS, AOD counseling, practical life skills counseling, general health education, peer/support groups, legal services, social and athletic activities, housing for the homeless, relapse prevention and outcome evaluation.

Number of Persons Served—Thirty-two community-based, permanent apartments will be provided for the PPW with children.

Desired Project Outputs—Family Stages will directly impact three priorities: HIV/AIDS prevention, medical treatment, counseling and peer support groups; AOD abuse treatment; and treatment for mental illness. It is their goal to address all of the treatment needs of homeless PPW with AOD and other disorders.

Consumer Involvement—All of the agencies collaborating here are members of the Greater Bridgeport Area Continuum of Care and participants in the Community Development Block Grant process. These two processes, mandated by HUD, require the participation of members of the target population.

EVALUATION

Strategy and Design—A process and outcome evaluation will be conducted under the direction of Elmer Struening, PhD of the Columbia University School of Public Health, to ensure compliance with GPRA. In addition, Dr. Screening will collect and analyze a small supplementary data set on anxiety, depression and Post-Traumatic Stress Disorder symptoms. He will evaluate the efficacy of the program and will attempt to identify factors that predict successful treatment outcomes. The research staff will be particularly interested in identifying predictors of length-of-stay and program completion. Family Stages intends to use the evaluation provided by the research staff at the end of year one to increase retention and to modify the program so that it better meets the needs of the participants. The screening will be administered by a research assistant trained in interview protocol and cultural competence and supervised by Dr. Screening's research staff. The data collected on participant outcomes, program retention, and service utilization will be analyzed. Every effort will be made to maintain the confidentiality and privacy of program participants.

Evaluation Goals/Desired Results—Goals and results are not clearly spelled out, but are inclusive in the strategy and design of the evaluation.

Evaluation Questions and Variables—Outcome measures include those delineated in the GPRA core client's outcomes: Drug and alcohol use, education, employment and income, criminal justice status, mental and physical health. The Evaluation team hypothesizes the following questions and measures: levels of stress, panic, depression and other Post-traumatic Stress Disorder symptoms

Instruments and Data Management—Evaluation staff at Family Stages will perform several large-scale studies (The A-Plus Baseline Interview) geared for homeless clients. Treatment Utilization—data gathered on treatment utilization will demonstrate the effectiveness of Family Stages by measuring the number of referrals, the number of admissions, the number of participants housed, the number of episodes of AOD treatment, the number of episodes of mental health treatment, and the number of vocational or educational training sessions attended. Data will also be collected on the Government Performance and Results Act (GPRA) at intake, 6 month follow-up and 12 month follow-up. As part of the quality assurance effort, participants will be asked to evaluate the effectiveness of Family Stages every three months.

APPROVED FUNDING LEVEL

01: \$800,000 02:_____ 03:_____

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